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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FEE TRANSMITTAL					lication Number	10/519,880				
					ig Date	8/17/2005				
For FY 2009					Named Inventor	Matthias Dammers				
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Niki Marina Eloshw			shway		
					Art Unit 3781					
TOTAL AMOUNT OF PAYMENT (\$) 490.00				Atto	rney Docket	ocket 3988 - 045910				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
FILING FEES SEARCH					EXAMINATION FEES					
			Small Entity Fee (\$)	y <u>S</u> <u>Fee (\$)</u>	mall Entity Fee (\$)		Fees P	aid (\$)		
Utility	330	82	540	270	220	110		1 000 1	\ 	
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0		• • •		
2. EXCESS CLAIM FEES									Small Entity	
Fee Description Fee (\$)									Fee (\$)	
Each claim over 20 (including Reissues) 52								26		
Each independent claim over 3 (including Reissues) Multiple dependent claims								220 390	110 195	
		Extra Claim	ıs Fa	ee (\$)	Fee Paid (\$)				ependent Claims	
x				1 7	=			Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims -3		Extra Claim		ee (\$)	Fee Paid (\$)		-			
HD = bighast number -6	=	naid for if a	X	=	=					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under										
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S)									Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Two-month Extension									490	
SUBMITTED BY					D	- 1				
Signature	Signature Registration No. (Attorney/Agent) 62,575 Telepho							ione 412-471-8815		
Name (Print/Type)	ame (Print/Type) Adam J. Komorowski							Date November 9, 2009		